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P.O. Box 1450

Alexandria, VA 22313-1450

On 2/12/04

TOWNSEND and TOWNSEND and CREW LLP

By: Krusti Cope

**PATENT**  
Attorney Docket No.: 019496-005820US  
Client Ref. No.: S24-US3

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**FEB 24 2004**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

REBAR et al.

Application No.: 09/846,033

Filed: April 30, 2001

For: REGULATION OF  
ANGIOGENESIS WITH ZINC FINGER  
PROTEINS

Customer No.: 20350

Confirmation No. 4301

Examiner: Jegatheesan Seharaseyon

Technology Center/Art Unit: 1647

**AMENDMENT**

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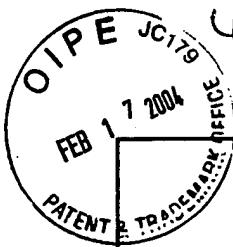
Sir:

In response to the Office Action mailed November 12, 2003, please enter the following amendments and remarks:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/846,033
		Filing Date	April 30, 2001
		First Named Inventor	Rebar, Edward
		Art Unit	1647
		Examiner Name	Jegatheesan Seharaseyon
Total Number of Pages in This Submission	37	Attorney Docket Number	019496-005820US

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<b>ENCLOSURES (Check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Copy of Information Disclosure Statement filed 3/11/02 Return Postcard	
		Remarks	
		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP Joe Liebeschuetz	
Signature		
Date	February 12, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Kristi Coplin		
Signature		Date	February 12, 2004



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Please stamp the date of receipt of the following document(s)  
and return this card to us:

RE: Rebar et al.

**TITLE OF DOCUMENT(S):**

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PTO/SB/08A and /08B

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Fee Authorization (IDS page 2)

Application No. 09/846,033

File No. 19496-005820US

Date Due 2/17/04

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